

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED AUG 20 1946

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis University City 93
(If outside city or town limits, write "RURAL")
(d) Street No. 608 Kingsland Avenue NR 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Eva Rosentreter

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Adolph Rosentreter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 77 hr. min.

9. Birthplace Gollansh Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Gustoff Gottschalk 11

13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name Rose (Unknown)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Meyer Rosentreter

(b) Address 7644 Walinca Terrace

17. (a) Burial (b) Date thereof 8/4/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) AUG 4 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1946 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 7-14 1946, to Aug 2 1946
that I last saw her alive on Aug 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Chr. Myocarditis 20 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature A. F. Lerner (M. D. or other) MD
608 Kingsland Avenue Date signed 8-2-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James A. Kudrycki
.....
Licensed Embalmer No. *4229*
.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.